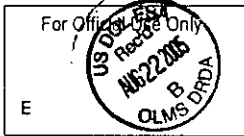


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12667</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Roman</u> <u>R</u> <u>Feher</u> P.O. Box, Bldg., Room No., if any Street <u>13806 N 22nd Street</u> City <u>Phoenix</u> State <u>Arizona</u> ZIP Code + 4 <u>85022</u>	4. Name, file number, and address of labor organization. Name <u>District Eight Regional Organizing Committee</u> Labor Organization File Number <u>542-715</u> P.O. Box, Building and Room Number, if any <u>Suite 305</u> Street <u>25 Century Blvd</u> City <u>Nashville</u> State <u>Tennessee</u> ZIP Code + 4 <u>37214</u>
5. Position in labor organization. <u>Organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

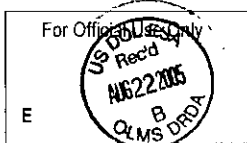
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/12/2004</u> Date	<u>615-885-7196</u> Telephone Number

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> R <input type="text"/> <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/>  Labor Organization File Number <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>     7.b. Amount. <input type="text"/>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/12/2004

Date

615-885-7196

Telephone Number

Name of Person Filing Roman Feher	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Ohio Valley and Southern States Laborers-Emp</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 305</u></p> <p>Street <u>25 Century Blvd</u></p> <p>City <u>Nashville</u></p> <p>State <u>Tennessee</u> ZIP Code + 4 <u>37214</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Ohio Valley and Southern States Laborers-Employers Cooperation and Education Trust (OVSS LECET) secures projects and jobs, incresases union-sector market share, advertises their services, develops a workforce, and advances shared market-related interests.</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>1/12/2004 - Meal provided while attending meeting</u></p> <p>12.b. Amount. <u>\$91</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

Name of Person Filing Roman Feher

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Ohio Valley and Southern States Laborers-Emp

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 305

Street 25 Century Blvd

City Nashville

State Tennessee ZIP Code + 4 37214

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Ohio Valley and Southern States Laborers-Employers Cooperation and Education Trust (OVSS LECET) secures projects and jobs, increases union-sector market share, advertises their services, develops a workforce, and advances shared market-related interests.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

11/11/2004 - Meal provided while attending meeting

## 12.b. Amount.

\$46

Name of Person Filing Roman Feher	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Ohio Valley and Southern States Laborers-Emp</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 305</u></p> <p>Street <u>25 Century Blvd</u></p> <p>City <u>Nashville</u></p> <p>State <u>Tennessee</u> ZIP Code + 4 <u>37214</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Ohio Valley and Southern States Laborers-Employers Cooperation and Education Trust (OVSS LECET) secures projects and jobs, incresases union-sector market share, advertises their services, develops a workforce, and advances shared market-related interests.</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>11/29/2004 - Meal provided while attending meeting</u></p> <p>12.b. Amount. <u>\$72</u></p>



## **ADDENDUM PAGE 1 of 1**

**Roman Feher**

**1/1/2004 – 12/31/2004**

**File # U-\_\_\_\_\_**

### **ADDENDUM A [UNSOLICITED GIFTS OR PROMOTIONAL ITEMS]**

On several occasions in 2004, I recall that I was given [a] complimentary promotional item[s], such as a [clothing item, accessory or printed material with LIUNA logo, etc.]. At no time did I solicit such item[s] and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the item[s], and do not recall the manufacturer or provider of such [an] item[s].

### **ADDENDUM B [UNSOLICITED HOLIDAY GIFTS]**

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, a [wine and cheese basket, fruit basket, holiday ham, holiday, turkey, gourmet foods, etc.]. At no time did I solicit such item[s], and it/they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R.2635.205

### **ADDENDUM C [UNSOLICITED GIFTS-HOTEL]**

On several occasions in 2004, I recall complimentary gifts were sent with out my request to my hotel room, such as a fruit basket, cheese basket, bottle of wine or spirits, etc. I have no recollection or knowledge as to the value of the item, nor as to the purchaser or provider of such item.

### **ADDENDUM D [UNSOLICITED GIFTS-GOLF]**

I recall that I received unsolicited items at golf outings/tournaments, such as a sleeve of balls, a golf club or golf apparel, etc., in connection with a round of golf, which I have reported. At no time did I solicit such an item, and I have no specific recollection of receipt of any such item, nor knowledge as the value of the item.

#### **ADDENDUM E [MEALS/EVENTS WITH FRIENDS]**

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exists separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

#### **ADDENDUM F [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]**

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

#### **ADDENDUM G [PAC]**

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

#### **ADDENDUM H [UNION TO UNION BENEFITS]**

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.



August 12, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N- 5616  
Washington, D.C. 20210

**Re: Form LM-30 Filing for Roman Feher, Labor Organization File # U-**

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,



Roman Feher